

RC 3/26/85

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<b>POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT</b>		<b>REGION</b> 6	<b>SITE NUMBER (to be assigned by HQ)</b> TX 13676
<small>NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.</small>			
<small>GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (ENV-335); 401 M St., SW; Washington, DC 20460.</small>			
<b>I. SITE IDENTIFICATION</b>			
<b>A. SITE NAME</b> Giles Brothers Lumber Co.		<b>B. STREET (or other identifier)</b> Hwy 105 (1.8 mi West of Hwy 149)	
<b>C. CITY</b> Montgomery	<b>D. STATE</b> TX	<b>E. ZIP CODE</b> 77356	<b>F. COUNTY NAME</b> Montgomery
<b>G. OWNER/OPERATOR (if known)</b> 1. NAME Billy Giles, Mgr. P.O. Box 701, Montgomery, TX 77356		<b>2. TELEPHONE NUMBER</b> 409/597-4110	
<b>H. TYPE OF OWNERSHIP</b> <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
<b>I. SITE DESCRIPTION</b> Small wood treating company located in rural setting. Lumber is pressure treated using pentachlorophenol.			
<b>J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)</b> TDWR		<b>K. DATE IDENTIFIED (mo., day, &amp; yr.)</b> November 1984	
<b>L. PRINCIPAL STATE CONTACT</b> 1. NAME Daniel Scheppers		<b>2. TELEPHONE NUMBER</b> 512/475-6371	
<b>II. PRELIMINARY ASSESSMENT (complete this section last)</b>			
<b>A. APPARENT SERIOUSNESS OF PROBLEM</b> <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input checked="" type="checkbox"/> 5. UNKNOWN			
<b>B. RECOMMENDATION</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard)   <input type="checkbox"/> 3. SITE INSPECTION NEEDED             a. TENTATIVELY SCHEDULED FOR: _____             b. WILL BE PERFORMED BY: _____       </div> <div style="width: 45%;"> <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED             a. TENTATIVELY SCHEDULED FOR: _____             b. WILL BE PERFORMED BY: _____   <input checked="" type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)       </div> </div>			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>SUPERFUND FILE FEB 12 1993 REORGANIZED</b> </div>			
<b>C. PREPARER INFORMATION</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">1. NAME Robert H. Davis, Jr., Engineering Science</div> <div style="width: 20%;">2. TELEPHONE NUMBER 512/477-9901</div> <div style="width: 35%;">3. DATE (mo., day, &amp; yr.) 1/15/85</div> </div>			
<b>III. SITE INFORMATION</b>			
<b>A. SITE STATUS</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently).       </div> <div style="width: 30%;"> <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes).       </div> <div style="width: 35%;"> <input type="checkbox"/> 3. OTHER (specify): _____  <small>(Those sites that include such no regular or continuing use)</small> </div> </div>			
		<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <b>90070111</b>  </div>	
<b>B. IS GENERATOR ON SITE?</b> <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): 2491			
<b>C. AREA OF SITE (in acres)</b> Unknown		<b>1. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES</b> 1. LATITUDE (deg-min-sec.) 30° 23' 10" 2. LONGITUDE (deg-min-sec.) 95° 43' 15"	
<b>D. ARE THERE BUILDINGS ON THE SITE?</b> <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): Lumber shelters, sawmill, treating area, office			

Reviewed by 6AW-SC date 1/26/85

## CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

A. TRANSPORTER		B. STORER		C. TREATER		D. DISPOSER	
<input checked="" type="checkbox"/> 1. RAIL	<input checked="" type="checkbox"/>	<input type="checkbox"/> 1. PILE	<input checked="" type="checkbox"/>	<input type="checkbox"/> 1. FILTRATION	<input checked="" type="checkbox"/>	<input type="checkbox"/> 1. LANDFILL	<input type="checkbox"/>
<input type="checkbox"/> 2. SHIP	<input type="checkbox"/>	<input type="checkbox"/> 2. SURFACE IMPOUNDMENT	<input type="checkbox"/>	<input type="checkbox"/> 2. INCINERATION	<input type="checkbox"/>	<input type="checkbox"/> 2. LANDFARM	<input type="checkbox"/>
<input type="checkbox"/> 3. BARGE	<input type="checkbox"/>	<input type="checkbox"/> 3. DRUMS	<input type="checkbox"/>	<input type="checkbox"/> 3. VOLUME REDUCTION	<input type="checkbox"/>	<input type="checkbox"/> 3. OPEN DUMP	<input type="checkbox"/>
<input type="checkbox"/> 4. TRUCK	<input checked="" type="checkbox"/>	<input type="checkbox"/> 4. TANK, ABOVE GROUND	<input checked="" type="checkbox"/>	<input type="checkbox"/> 4. RECYCLING/RECOVERY	<input type="checkbox"/>	<input type="checkbox"/> 4. SURFACE IMPOUNDMENT	<input type="checkbox"/>
<input type="checkbox"/> 5. PIPELINE	<input type="checkbox"/>	<input type="checkbox"/> 5. TANK, BELOW GROUND	<input type="checkbox"/>	<input type="checkbox"/> 5. CHEM./PHYS. TREATMENT	<input type="checkbox"/>	<input type="checkbox"/> 5. MIGHTY DUMPING	<input type="checkbox"/>
<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/>	<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/>	<input type="checkbox"/> 6. BIOLOGICAL TREATMENT	<input type="checkbox"/>	<input type="checkbox"/> 6. INCINERATION	<input type="checkbox"/>
				<input type="checkbox"/> 7. WASTE OIL REPROCESSING	<input type="checkbox"/>	<input type="checkbox"/> 7. UNDERGROUND INJECTION	<input type="checkbox"/>
				<input type="checkbox"/> 8. SOLVENT RECOVERY	<input type="checkbox"/>	<input type="checkbox"/> 8. OTHER (specify):	<input type="checkbox"/>
				<input type="checkbox"/> 9. OTHER (specify):	<input type="checkbox"/>		<input type="checkbox"/>

5. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED The facility manager indicated that one cylinder is used. Excess PCP is allowed to drain to a concrete pit and pumped back to the work tank. He said that no wastes are generated from the process.

## V. WASTE RELATED INFORMATION

## A. WASTE TYPE

☒ 1. UNKNOWN ☐ 2. LIQUID ☐ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

## B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE  
☒ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE

☐ 10. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

NO

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT Unknown	AMOUNT None	AMOUNT None	AMOUNT Unknown	AMOUNT None	AMOUNT None
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
<input type="checkbox"/> (2) METALS SLUDGES	<input type="checkbox"/> (2) OTHER (specify):	<input type="checkbox"/> (2) NON-HALOGENATED SOLVENTS	<input type="checkbox"/> (2) PICKLING LIQUORS	<input type="checkbox"/> (2) ASBESTOS	<input type="checkbox"/> (2) HOSPITAL
<input type="checkbox"/> (3) PCPW		<input type="checkbox"/> (3) OTHER (specify):	<input type="checkbox"/> (3) CAUSTICS	<input type="checkbox"/> (3) MILLING/MINE TAILINGS	<input type="checkbox"/> (3) RADIOACTIVE
<input type="checkbox"/> (4) ALUMINUM SLUDGE			<input type="checkbox"/> (4) PESTICIDES	<input type="checkbox"/> (4) FERROUS SMLTG. WASTES	<input type="checkbox"/> (4) MUNICIPAL
<input checked="" type="checkbox"/> (5) OTHER (specify): Probable tank bottom sludge and pit sludge from retort, recycle is claimed			<input type="checkbox"/> (5) DYES/INKS	<input type="checkbox"/> (5) NON-FERROUS SMLTG. WASTES	<input type="checkbox"/> (5) OTHER (specify):
			<input type="checkbox"/> (6) CYANIDE	<input type="checkbox"/> (6) OTHER (specify):	
			<input type="checkbox"/> (7) PHENOLS		
			<input type="checkbox"/> (8) HALOGENS		
			<input type="checkbox"/> (9) PCB		
			<input type="checkbox"/> (10) METALS		
			<input checked="" type="checkbox"/> (11) OTHER (specify): Pentachlorophenol		

## V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

Pentachlorophenol and related phenols

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

See attached comments

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY	X			Potential exists due to nature of business
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODOORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☐ 3. STATE PERMIT (specify): \_\_\_\_\_  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER  
☐ 10. OTHER (specify): Now SWR or environmental permits held

B. IN COMPLIANCE?

- ☐ 1. YES    ☐ 2. NO    ☒ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name &amp; number): \_\_\_\_\_

## VIII. PAST REGULATORY ACTIONS

- ☒ A. NONE    ☐ B. YES (summarize below)

## IX. INSPECTION ACTIVITY (past or on-going)

- ☒ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

## X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

RCRA 3012 PRELIMINARY ASSESSMENT COMMENTS  
GILES BROTHERS LUMBER COMPANY  
MONTGOMERY, TEXAS  
MONTGOMERY COUNTY

INTRODUCTION

On December 19, 1984, Robert H. Davis, Jr., Engineering Science, Inc., conducted a RCRA 3012 preliminary assessment of the Giles Brothers Lumber Company located west of Montgomery, Texas. The assessment consisted of an off-site surveillance with photographs and a subsequent interview by telephone.

SITE INFORMATION AND OBSERVATIONS

No file information is available on the subject facility. The reconnaissance revealed several metal shelters including a sawmill area and the main office. There was no security fence. Two upright and one horizontal tanks in rusted condition were noted (photo). The shelter immediately east of these tanks may house treating units but none were identified. Many stacks of dimensional lumber were in the yard but their treatment status was not apparent. One tank was also noted immediately east of the covered building. Surrounding land is undeveloped woodlands.

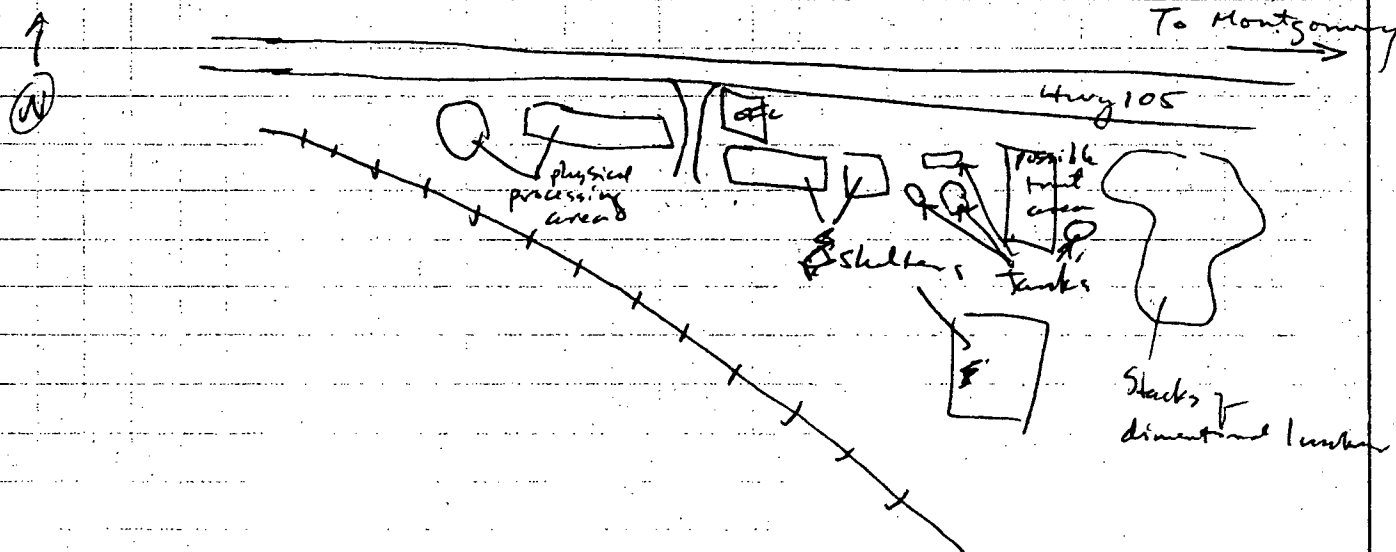
A phone call to the facility manager, Mr. Billy Giles, was made. He indicated that wood is treated using Pentachlorophenol in diesel. No verified determination of waste handling practices was made. He indicated that no wastes were generated, but that for one year around 1970, the lumber was pre-conditioned with steam.

ASSESSMENT

The area population is very sparse with a few scattered rural homes and ranches. Because of the lack of information concerning the history of waste generation and handling practices, a low priority site inspection is recommended under the RCRA 3012 program.

PHOTOS:

<u>No.</u>	<u>Time</u>	<u>Direction</u>	<u>Description</u>
13	8:50 am	S	View of 3 storage tanks in rusted condition. Sldg behind may be treatment area.

SKETCH:

# **This Document Contained Material Which Was Not Film/Scanned**

**Title** RCAA 3012 Preliminary Assessment  
Comments Giles Broker Lumber Company  
(Photographs)

**Please Refer to the File in  
Superfund Records Center**